

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213539398</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>METROPOLITAN GENERAL INSURANCE COMPANY</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX RD STE 301</b>  <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>RI</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>8/31/2013</b></p> <p>SCC ID NO: <b>F0413767</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: PO BOX 350 700 QUAKER LN</p> <p style="text-align: center;">CITY/ST/ZIP: WARWICK, RI 02887</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WILLIAM D MOORE  TITLE: P/CHAIRMAN  ADDRESS: 700 QUAKER LN  CITY/ST/ZIP/CO: WARWICK, RI 02886-6681 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WILLIAM D MOORE TITLE: P/CHAIRMAN ADDRESS: 700 QUAKER LN CITY/ST/ZIP/CO: WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: WILLIAM D MOORE TITLE: P/CHAIRMAN ADDRESS: 700 QUAKER LN CITY/ST/ZIP/CO: WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RALPH G SPONTAK  TITLE: VP/CFO  ADDRESS: 700 QUAKER LN  CITY/ST/ZIP/CO: WARWICK, RI 02886-6681 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RALPH G SPONTAK TITLE: VP/CFO ADDRESS: 700 QUAKER LN CITY/ST/ZIP/CO: WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: RALPH G SPONTAK TITLE: VP/CFO ADDRESS: 700 QUAKER LN CITY/ST/ZIP/CO: WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SUSAN BUFFUM  TITLE: VICE PRESIDENT  ADDRESS: 10 PARK AVENUE  CITY/ST/ZIP/CO: MORRISTOWN, NJ 07962 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SUSAN BUFFUM TITLE: VICE PRESIDENT ADDRESS: 10 PARK AVENUE CITY/ST/ZIP/CO: MORRISTOWN, NJ 07962	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: SUSAN BUFFUM TITLE: VICE PRESIDENT ADDRESS: 10 PARK AVENUE CITY/ST/ZIP/CO: MORRISTOWN, NJ 07962	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL F CONVERY  TITLE: VICE PRESIDENT  ADDRESS: 700 QUAKER LANE  CITY/ST/ZIP/CO: WARWICK, RI 02886-6681 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MICHAEL F CONVERY TITLE: VICE PRESIDENT ADDRESS: 700 QUAKER LANE CITY/ST/ZIP/CO: WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: MICHAEL F CONVERY TITLE: VICE PRESIDENT ADDRESS: 700 QUAKER LANE CITY/ST/ZIP/CO: WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARTIN W DEEDE  TITLE: VICE PRESIDENT  ADDRESS: 700 QUAKER LANE  CITY/ST/ZIP/CO: WARWICK, RI 02886-6681 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARTIN W DEEDE TITLE: VICE PRESIDENT ADDRESS: 700 QUAKER LANE CITY/ST/ZIP/CO: WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: MARTIN W DEEDE TITLE: VICE PRESIDENT ADDRESS: 700 QUAKER LANE CITY/ST/ZIP/CO: WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SCOTT D KUCZMARSKI  TITLE: VICE PRESIDENT  ADDRESS: 700 QUAKER LANE  CITY/ST/ZIP/CO: WARWICK, RI 02886-6681 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SCOTT D KUCZMARSKI TITLE: VICE PRESIDENT ADDRESS: 700 QUAKER LANE CITY/ST/ZIP/CO: WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: SCOTT D KUCZMARSKI TITLE: VICE PRESIDENT ADDRESS: 700 QUAKER LANE CITY/ST/ZIP/CO: WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD P LONARDO VICE PRESIDENT 700 QUAKER LANE WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT F LUNDGREN VICE PRESIDENT 700 QUAKER LANE WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY G MORPHIS VICE PRESIDENT 700 QUAKER LANE WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT F NOSTRAMO VP/GC 700 QUAKER LANE WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VHONDA L RIDLEY VICE PRESIDENT 700 QUAKER LANE WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	INGRID E TOLENTINO VICE PRESIDENT 700 QUAKER LANE WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTEN WHITE VICE PRESIDENT 700 QUAKER LANE WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARLENE B DEBEL TREASURER 1095 AVENUE OF THE AMERICAS NEW YORK, NY 10036	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAURA C TRAVERS AGC/SECRETARY 700 QUAKER LANE WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL C WALSH SVP 700 QUAKER LANE WARWICK, RI 02886-6681	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ WILLIAM D MOORE	WILLIAM D MOORE, P/CHAIRMAN	8/23/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			